

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
BUREAU OF CONSTRUCTION PROJECT REVIEW

PROJECT REVIEW APPLICATION

Application Date: ____/____/____

DCA Project Number: _____

1. Project Name _____
Street Address _____
Municipality _____ County _____ Block _____ Lot _____

Note: Do not use mailing address for the above information.

2. Project Type: ☐ New Construction ☐ Addition ☐ Change of Use ☐ Repair ☐ Renovation ☐ Alteration ☐ Reconstruction
Filing Type: ☐ Variation ☐ Complete Plan Release ☐ Partial Plan Release (see Section 4, below)

3. Project Specifications:

Use Group _____
Area of largest floor _____
Gross area of bldg. _____
Total volume _____
No. of stories _____
Maximum height _____
Construction type _____
Elevator? ☐ Yes ☐ No

Total Project Cost—all disciplines:
\$ _____
Cost of Barrier Free Renov./Alt. Work
\$ _____

4. Partial releases requested:

Release Type	Expected Submission Date
<input type="checkbox"/> Footings and foundations	_____
<input type="checkbox"/> Underslab utilities	_____
<input type="checkbox"/> Structural framework	_____
<input type="checkbox"/> Exterior building	_____
<input type="checkbox"/> Interior building	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Mechanical	_____
<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Fire protection	_____
<input type="checkbox"/> Elevator	_____

5. Applicant information: comments/releases will be sent to architect/engineer and either owner or owner's designated agent. Indicate which by checking appropriate box.

Note: do not list architect/engineer of record as owner's designated agent.

☐ Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Email Address: _____ **OR** ☐ Decline Email Communication

☐ Owner's Designated Agent Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Email Address: _____ **OR** ☐ Decline Email Communication

Architect/Engineer Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Email Address: _____ **OR** ☐ Decline Email Communication

Owner's or Designated Agent's Signature:

For office use only:

Plan review fee: \$ _____

Permit fee: \$ _____

Training fee: \$ _____

CO/CCO fee \$ _____

Elevator review \$ _____

Elevator T & I \$ _____

Total fees \$ _____

Rec'd from _____

Check cash amt \$ _____

Check number _____

Rec'd by/date _____/_____/_____